



2665 #
IFW ec

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Linda Ann Roberts **Group Art Unit:** 2665
Application No.: 09/855,804 **Examiner:** Jason E. Mattis
Filed: May 16, 2001 **Docket No.:** BLS00337
Title: "Priority Caller Alert"

VIA U.S. POSTAL SERVICE

Attn: Examiner Jason E. Mattis

37 C.F.R. § 1.8 CERTIFICATE OF MAILING

I hereby certify that this correspondence is being mailed through the U. S. Postal Service to the United States Patent and Trademark Office, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on: 09/28/06 (date of mailing).

Maureen M. Pettine

Name of Person Mailing This Paper

Maureen M. Pettine

Signature

September 28, 2006

Date of Transmission

INFORMATION DISCLOSURE STATEMENT

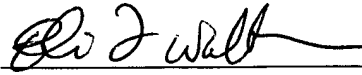
Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Form PTO 1449 (pp. 1-1).

This Information Disclosure Statement is being submitted subsequent to the mailing of a first Office Action in this application, so therefore a certification fee is believed to be required (37 CFR § 1.97b(3)).

10/06/2006 RHEBRAHT 00000005 09855804 180.00 0P
01 FC:1806

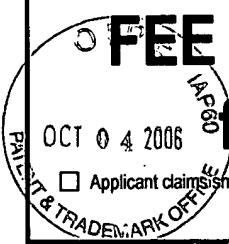
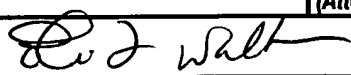
It is respectfully requested that the references listed on the attached forms be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

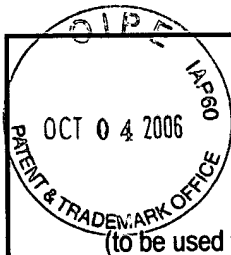
Respectfully submitted,



Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 9/27/06

 <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Application Number</td><td>09/855,804</td></tr> <tr><td>Filing Date</td><td>May 16, 2001</td></tr> <tr><td>First Named Inventor</td><td>Linda Ann Roberts</td></tr> <tr><td>Examiner Name</td><td>Jason E. Mattis</td></tr> <tr><td>Art Unit</td><td>2665</td></tr> <tr><td>Attorney Docket No.</td><td>BLS00337</td></tr> </table>		Application Number	09/855,804	Filing Date	May 16, 2001	First Named Inventor	Linda Ann Roberts	Examiner Name	Jason E. Mattis	Art Unit	2665	Attorney Docket No.	BLS00337																																												
Application Number	09/855,804																																																										
Filing Date	May 16, 2001																																																										
First Named Inventor	Linda Ann Roberts																																																										
Examiner Name	Jason E. Mattis																																																										
Art Unit	2665																																																										
Attorney Docket No.	BLS00337																																																										
TOTAL AMOUNT OF PAYMENT		\$180.00																																																									
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Deposit Account Deposit Account No. 19-2167 Deposit Account Name:																																																											
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																																																											
FEE CALCULATION																																																											
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																																																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">FILING FEES</th> <th colspan="2" style="text-align: center;">SEARCH FEES</th> <th colspan="3" style="text-align: center;">EXAMINATION FEES</th> </tr> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>200</td> <td>100</td> <td>_____</td> </tr> <tr> <td>Design</td> <td>200</td> <td>100</td> <td>100</td> <td>50</td> <td>130</td> <td>65</td> <td>_____</td> </tr> <tr> <td>Plant</td> <td>200</td> <td>100</td> <td>300</td> <td>150</td> <td>160</td> <td>80</td> <td>_____</td> </tr> <tr> <td>Reissue</td> <td>300</td> <td>150</td> <td>500</td> <td>250</td> <td>600</td> <td>300</td> <td>_____</td> </tr> <tr> <td>Provisional</td> <td>200</td> <td>100</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>_____</td> </tr> </tbody> </table>				FILING FEES			SEARCH FEES		EXAMINATION FEES			Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)	Utility	300	150	500	250	200	100	_____	Design	200	100	100	50	130	65	_____	Plant	200	100	300	150	160	80	_____	Reissue	300	150	500	250	600	300	_____	Provisional	200	100	0	0	0	0	_____
FILING FEES			SEARCH FEES		EXAMINATION FEES																																																						
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)																																																				
Utility	300	150	500	250	200	100	_____																																																				
Design	200	100	100	50	130	65	_____																																																				
Plant	200	100	300	150	160	80	_____																																																				
Reissue	300	150	500	250	600	300	_____																																																				
Provisional	200	100	0	0	0	0	_____																																																				
2. EXCESS CLAIM FEES																																																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Small Entity Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 (including Reissues)</td> <td style="text-align: center;">50</td> <td style="text-align: center;">25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: center;">360</td> <td style="text-align: center;">180</td> </tr> </tbody> </table>				Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180																																												
Fee Description	Fee (\$)	Small Entity Fee (\$)																																																									
Each claim over 20 (including Reissues)	50	25																																																									
Each independent claim over 3 (including Reissues)	200	100																																																									
Multiple dependent claims	360	180																																																									
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Fee Paid (\$)</th> <th style="text-align: left;">Multiple Dependent Claims</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____ - 20 or HP = _____</td> <td>_____</td> <td style="text-align: center;">x _____</td> <td style="text-align: center;">= _____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	_____ - 20 or HP = _____	_____	x _____	= _____	_____	_____	_____																																										
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)																																																					
_____ - 20 or HP = _____	_____	x _____	= _____	_____	_____	_____																																																					
HP=highest number of independent claims paid for, if greater than 3.																																																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Indep. Claims</th> <th style="text-align: left;">Extra Claims</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____ - 3 or HP = _____</td> <td>_____</td> <td style="text-align: center;">x _____</td> <td style="text-align: center;">= _____</td> </tr> </tbody> </table>				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	_____ - 3 or HP = _____	_____	x _____	= _____																																																
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																																																								
_____ - 3 or HP = _____	_____	x _____	= _____																																																								
HP=highest number of independent claims paid for, if greater than 3																																																											
3. APPLICATION SIZE FEE																																																											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																																											
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Sheets</th> <th style="text-align: left;">Extra Sheets</th> <th style="text-align: center;">Fee (\$)</th> <th style="text-align: center;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>_____ - 100 = _____</td> <td>_____ / 50</td> <td style="text-align: center;">_____ (round up) x _____</td> <td style="text-align: center;">= _____</td> </tr> </tbody> </table>				Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)	_____ - 100 = _____	_____ / 50	_____ (round up) x _____	= _____																																																
Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)																																																								
_____ - 100 = _____	_____ / 50	_____ (round up) x _____	= _____																																																								
4. OTHER FEE(S)																																																											
Non-English Specification, \$130 fee (no small entity discount)																																																											
Other (e.g., late filing surcharge): Supplemental IDS Fee 180.00																																																											
SUBMITTED BY:																																																											
Name (Print/Type) Bambi F. Walters		Registration No. 45,197																																																									
(Attorney/Agent)		Telephone: (757) 253-5729																																																									
Signature 		Date 9/27/06																																																									



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission:

Application Number	09/855,804
Filing Date	May 16, 2001
First Named Inventor	Linda Ann Roberts
Art Unit	2665
Examiner Name	Jason E. Mattis
Attorney Docket Number	BS00337

ENCLOSURES

(Check all that apply)

- ☒ Fee Transmittal Form
- ☒ Fee Attached
- ☐ Amendment/Reply
 - ☐ After Final
 - ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a Provisional Application
- ☐ Power of Attorney, Revocation Change of correspondence Address
- ☐ Terminal Disclaimer
- ☐ Request for Refund

- ☐ After Allowance Communication to Group
- ☐ Appeal Communication to Board of Appeals and Interferences
- ☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
- ☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):

- 1) Cited Art
- 2) Return Postcard

- ☒ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Response to Missing Parts/Incomplete Application
 - ☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ CD, Number of CD(s)

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)	Bambi Faivre Walters	Reg. No.:	45,197
Signature			
Date	9/27/06		

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)	Maureen M. Pettine	Date	09/28/06
Signature			